ENVIRONMENTAL HEALTH AND SAFETY PROGRAM 2024

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ENVIRONMENTAL HEALTH AND SAFETY PROGRAM

Valley Medical Groups Environmental Health and Safety Program is designed to meet the Hazard Communication Standard as defined by OSHA. The standard ensures chemical safety in the workplace, including providing and sharing information about the identifies and hazards of chemicals in the work place.

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Definitions

Corrosive	Chemical that causes visible destruction of, or irreversible
	alteration in, living tissue by chemical action at the site of contact.
Emergency Spill	Spills/releases that pose a significant threat to health and safety
(Emergency Release)	and/or harm to the environment by their very nature and require
	an emergency response regardless of the circumstances.
Eyewash	A type of emergency equipment designed to irrigate both the eyes
	and face. An eyewash has two nozzles, one for each eye, that
	flushes the eyes with a minimum volume of water for at least 15
	minutes and must be activated by a one motion, stay open valve.
Flammable Linuid	
Flammable Liquia	Any liquid having a flashpoint below 100°F (37.8°C), except any
	mixture having components with flashpoints of 100°F or higher, the
	total of which make up 99% or more of the total volume of mixture.
Flashpoint	Minimum temperature at which a liquid gives off a vapor in
	sufficient concentration to ignite.
Foreseeable	Any potential occurrence such as but not limited to, equipment
Emergency	failure, rupture of containers, or failure of control equipment that
	could result in an uncontrolled release of a hazardous chemical into
	the workplace.
Hazardous Chemical	Any chemical which is a physical bazard or health bazard
	Any chemical which is a physical hazard of health hazard.
Hazardous Chemical	Any chemical with toxic, flammable, corrosive or reactive
Waste	characteristics, capable of causing harm or serious injury to
	humans, animals, or the environment as defined by the
	Environmental Protection Agency (EPA).
Hazardous Warning	Any words, picture, symbols, or combination thereof appearing on
	a label or other appropriate form of warning which convey the
	hazard(s) of the chemicals(s) in the container(s).
Health Hazards	Chemicals which are carcinogens, toxic or highly toxic agents.
	reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins,
	nephrotoxins, neurotoxins, agents which act on the hematopoietic
	system, and agents which damage the lungs, skin, eyes or mucous
	membranes.
Immediate Use	The hazardous chemical will be under the control of and used only
	by the person who transfers it from a labeled container and only
	within the work shift in which it is transferred.

Incidental Spill (Release)	A release of a hazardous substance which does not pose a significant safety or health hazard to employees in the immediate vicinity or to the employee cleaning it up, not does it have the potential to become an emergency within a short time frame.
Label	Any written, printed, or graphic material, displayed on or affixed to containers of hazardous chemicals.
Safety Data Sheet (SDS)	Written or printed material concerning a hazardous chemical which is prepared in accordance with OSHA's Hazard Communication Standard, 29 CFR 1910.1200.
Oxidizer	Chemical other than a blasting agent or explosive that initiates or promotes combustion in other materials, causing fire either by itself or through the release of oxygen or other gases.
Physical Hazard	A chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.
Regulated Infectious Waste	Liquid or semi-liquid blood or other potentially infectious materials (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological wastes containing blood or OPIM.

I. HAZARD COMMUNICATION PROGRAM

A. PURPOSE

The Environmental Health and Safety Program includes the elements of hazard communication as part of Valley Medical Group's continuing effort toward fostering a safe and healthy work environment. State and Federal regulations require that employees be informed about chemical hazards to which they may be exposed. These regulations are commonly called "Right to Know" laws, or the Hazard Communication Standard (HCS).

The Valley Medical Group Hazard Communication Program (HCP) is designed to comply with the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, 29 CFR 1910.1200. The purpose of the HCP is to ensure that employees understand the nature of the hazardous chemicals with which they work and the proper safety procedures and equipment to use when working with such chemicals.

B. PROCEDURE

1. Hazardous Material Inventory

- a) Each health center will maintain an inventory of all hazardous chemical materials that employees may come into contact with. The Operations Coordinator in each health center will maintain the inventory list for all departments in the health center. Each department will maintain an inventory list specific to that department. The list will be available for inspection by employees at all times.
- b) The inventory will contain the following information:
 - Common trade name of the substance.
 - Chemical or generic name of the product.
 - Common or usual usage of the substance.
 - Storage location within the department.
 - Proper disposal method.
- c) The Department Manager will update the inventory upon addition or deletion of hazardous materials in the department, send a copy to the Operations Coordinator and communicate new chemicals introduced in the department to the staff.

2. Safety Data Sheets

- a) Each health center will keep a complete inventory of Safety Data Sheets (SDS) in a dedicated manual.
- b) All departments and staff will have access to SDS forms. These will be filed in a manual labeled Safety Data Sheets and be readily available to employees who have potential for exposure.

c) In the event of a workplace exposure to a hazardous chemical, the appropriate incident and employee reporting will be completed and it will include information about the hazardous chemical from the SDS.

3. Labeling of Hazardous Chemical

- All containers of hazardous chemicals received from the manufacturer, importer or distributor must be labeled following the United Nations Globally Harmonized System of Classification and Labeling of chemicals. The label at a minimum will have:
 - Product identifier
 - Pictogram to identify the hazardous chemical.
 - Signal Words: word prominently on the label to indicate hazard (example: Dangerous).
 - Hazard statements/warnings.
 - Precautionary Statements: general precautions for preventions, response, storage and disposal.
 - Supplier identification including name, address, importer, other responsible party.
- b) Whenever the contents of a bulk container are placed in a secondary container, the secondary container will be properly labeled with the identity of the hazardous chemical and appropriate hazard warnings. This information may be clearly printed on a transfer label, pictogram, and covered with clear waterproof tape for permanency. The original manufacturer's label and/or SDS is used as a source of information for the transfer label.
- c) The NFPA 704 is another type of labeling system for secondary containers. This system uses numbers, colors, and symbols to communicate hazards. The blue quadrant represents a health hazard; the red quadrant represents a fire hazard and the yellow quadrant represents a reactivity hazard. Each of the colored quadrants contain numbers ranging from 0 to 4, with 0 indicating no or slight hazard and 4 indicating high hazard. The white quadrant may contain a symbol that indicates a type of special hazard, for example COR for corrosive, and personal protection.
- d) The department leader or his/her designee will ensure that proper labeling is in place prior to the introduction of a secondary container into the work place.
- e) Secondary containers do not need labeling if the transferred chemical substance is for the immediate use by the employee performing the transfer.

4. Employee Training

- a) Valley Medical Group shall take all necessary and appropriate measures to ensure that employees are trained in the proper use of hazardous chemicals in the work place. Employee training shall include information on the following:
 - the location, availability and overview of the requirements of the Haz Com regulation;
 - the location and availability of the written plan, including SDS and chemical inventories;
 - hazardous chemical container labeling requirements;
 - how to read and understand product labels;
 - procedures done in the work area where hazardous substances are present;
 - physical and health hazards associated with the hazardous substances used in the work area and appropriate personal protective equipment and precautions to take when working with them;
 - how to recognize a spill or release;
 - reading and understanding of an SDS, including glossary of terms.
- b) Training will be performed at the following times:
 - New employee orientation
 - Whenever a new hazard is introduced into the work area
 - Annual update
- c) Training records will be maintained in ADP for each employee.

II. PERSONAL PROTECTIVE EQUIPMENT (PPE) STANDARD

A. PURPOSE

- The purpose of this standard is to protect all employees (staff and providers) from adverse exposure to workplace health and safety hazards and ensure that when engineering controls are not feasible, employees are equipped with the proper personal protective equipment (PPE) to minimize risk. This policy defines a process for conducting workplace hazard assessments, selection of PPE, employee training and documentation.
- 2. This policy complies with the general requirements of OSHA's Personal Protective Equipment Standard (29 CFR 1910.132).

B. HAZARD ASSESSMENT

 A hazard assessment shall be conducted by the Department Leader for each work area to identify sources of occupational hazard. The use of engineering controls and the need to modify work practices must be evaluated if the hazard presents an unacceptable risk. If such controls cannot reduce the risk to acceptable levels, PPE shall be used.

- 2. Periodic hazard assessments must be conducted throughout the facility and at any time changes are made to operations or processes.
- 3. Verification that the required hazard assessment has been performed will be through written certification that identifies:
 - a) the date of the assessment
 - b) the work area evaluated
 - c) the person certifying that the evaluation has been performed
 - d) the document as a certification of hazard assessment

C. SELECTION OF PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) must be selected based on the hazard assessment to ensure a level of protection greater than the minimum to protect employees from identified hazards. Consideration should be given to user fit and comfort for all PPE. VMG will provide selected PPE to all employees who have potential for exposure to identified hazards. Defective or damaged PPE shall not be used.

D. TRAINING

- 1. Employees and providers who wear PPE must be trained in the following:
 - a) When PPE is necessary
 - b) What PPE is necessary
 - c) How to properly don, doff, adjust, and wear PPE.
 - d) The limitations of PPE
 - e) Proper care, maintenance, useful life and disposal of PPE.
- 2. Employees and providers must demonstrate an understanding of the training and the ability to use PPE properly before being allowed to perform work requiring the use of PPE.
- 3. Retraining will be conducted whenever:
 - a) Changes in the workplace render previous training obsolete;
 - b) Changes in the types of PPE to be used render previous training obsolete; or
 - c) Inadequacies in an employee's knowledge or use of assigned PPE indicate that the employee has not retained the requisite understanding or skill.
- 4. Training records will be maintained in ADP for each employee.

III. SPILL RESPONSE

A. PURPOSE

The purpose of the Spill Response Program is to provide VMG employees and providers with a safe pre-planned response to chemical spills. This procedure provides direction for the management of incidental spills as well as emergency spills.

B. DEFINITIONS

- Incidental Spill a release of a hazardous substance, which does not pose a significant safety
 or health hazard to employees in the immediate vicinity or to the employee cleaning it up,
 nor does it have the potential to become an emergency within a short time frame.
 Incidental spills (releases) are limited in quantity, exposure potential, or toxicity and present
 minor safety or health hazards to employees in the immediate work area or those assigned
 to clean them up. An incidental spill may be safely cleaned up by employees who are
 familiar with the hazards of the chemicals with which they are working.
- 2. <u>Emergency Spill</u> a spill, which poses a significant threat to health and safety and/or harm to the environment by its very nature and requires an emergency response regardless of the circumstances.

C. PREPARATION AND TRAINING

- 1. Staff shall be trained to work safely with chemicals and to clean-up spills related to those hazardous materials with which they work.
- 2. An inventory of safety data sheets for all chemicals used will be maintained in an office/space readily available to all staff (the Operations Coordinators Office) and in the "Right to Know" compliance center adjacent to the custodial closets at each center.
- 3. Department Managers/Leaders/Supervisors will ensure that spill clean-up material and personal protective equipment are inspected regularly, maintained, and replenished when used.

D. LEAK AND SPILL CLEAN-UP PROCEDURES

- 1. Identify the chemical spilled Consult SDS
- 2. Alert co-workers and Health Center Manager/Supervisor/Operations Coordinator Let co-workers know that a spill has occurred, ask for assistance or materials to clean it up, or warn others to be careful if they are working nearby. Co-workers may cordon off the area to ensure others cannot walk through spill area and become exposed or enlarge the spill.

Responsible Person/Location	Role
Health Center Managers Jean Jacks Amherst Medical Center 413-256-4306	• Support the assessment of the spill with appropriate action taken working with the Operations Coordinator and Facilities team as necessary.
Rachel Bergstrom, RN Greenfield Health Center 413-772-3315 Kris-ann Brideau, RN Facthampton Health Center	 Document all conditions observed and if non-compliance is noted the corrective action taken. Provide information to support that needed to be maintained in employee health records directly and/or to
413-282-3823 Beth Brennan RN	appropriate leader/manager/supervisor.
Northampton Health Center 413-585-5461	

3. Assess the Spill

If the staff member or Department Leader determines that the spill is unmanageable (Emergency spill), contact the Operations Coordinator for further assessment and direction. The Operations Coordinator will determine if the Fire Department should be called for further assistance and if the area should be evacuated.

3. Contain the Spill

- a) Shut off source
- b) Turn container upright if tipped
- c) Turn off leaking equipment; put container under leak to catch spilling material

4. Confine the Spill

- a) Control the movement of liquid away from critical areas
- b) Stop passersby from walking in spill area

5. Clean up the Spill

Employees who clean up spills should follow the guidance provided in the SDS sheets, incorporating the following basic steps:

- a) Put on personal protective equipment
- b) Contain/confine/neutralize spill with appropriate compound
- c) Decontaminate area according to spill information sheets
- d) Dispose of waste appropriately (see SDS).
- e) Decontaminate equipment or instruments.
- f) Wash with soap and water any area of the body that may have been exposed.
- g) Launder contaminated clothing separately.

E. FOLLOW-UP

- 1. Ensure staff receive medical follow-up if exposure to hazardous material occurs.
 - a) Complete an *Employee Incident Report*.
 - b) Send completed form to Human Resources Manager and Quality Director.

IV. EYE WASH STATIONS

1. Eyewash stations are available in departments where employees work with materials that may splash and are potentially hazardous to the eyes.

2. Eyewash stations will be tested weekly. A log is maintained indicating that the equipment was tested and works properly.

3. Employees will be trained in the following areas:

- a) Location of eyewash stations
- b) How to activate an eyewash station.
- c) To flush eyes for at least 15 minutes after an exposure.

V. WASTE MANAGEMENT

A. Hazardous Chemical Waste

- 1. Hazardous Chemical waste is defined as any chemical with toxic, flammable, corrosive or reactive characteristics, capable of causing harm or serious injury to humans, animals or the environment as defined by the Environmental Protection Agency (EPA).
- 2. A Safety Data Sheet (SDS) is available for all hazardous chemicals used in the health center.
- 3. Department Leaders will routinely check the department to assure that hazardous waste is not stored longer than 90 days.
- 4. Hazardous waste will be disposed of according to instructions provided on the SDS.
- 5. Contact the Operations Coordinator to help determine if a chemical waste must be manifested out.

B. Regulated Infectious Waste

- 1. Containment
 - a) Sharps shall be placed in puncture-resistant containers and locked at all times.
 - b) Sharps containers must be labeled "sharps" and be conspicuously labeled with the international biohazard symbol.
 - c) All other infectious waste must be placed in durable red plastic bags or conspicuously labeled with the international biohazard symbol.

- 2. Collection and Storage
 - a) Infectious waste shall be placed in step-on cans that are lined with red biohazard bags.
 - b) Red bags shall be collected daily or whatever frequency required during daily operations.
 - c) Sharps containers shall be removed by clinical staff when two-thirds full and replaced with an empty container.
 - d) All regulated infectious waste shall be segregated form normal and chemical trash and placed in one designated area that is secured and clearly marked as an infectious waste collection area with a conspicuous international biohazard symbol.
 - e) Staff shall place all regulated infectious waste in transport containers designated as such with an international bio-hazard label. The container shall be clearly marked with the generator name and securely sealed as directed by the waste hauler.
- 3. Manifests and Disposal
 - a) The hauler upon arrival shall present a manifest document prepared for the disposition of the waste according to State Regulations.
 - The manifest is a tracking document designed to record the movement of waste for the generator through its trip with a transporter to an approved disposal facility and final disposal. The generator shall appoint a designee to prepare, sign, and maintain such manifests.
 - **u** The manifest must include the following information
 - 1. description of waste to be shipped;
 - 2. total quantity of waste; and
 - 3. type of container in which waste is transported
 - b) The Operations Coordinator or designee will date and sign the manifest. The Initial Generator Copy of the Medical Waste Tracking Form will be filed.
 - c) When the waste arrives at the approved off-site disposal facility, and has been disposed of, the disposal facility owner or agent shall sign the manifest. The completed copy of the manifest (Final Generator Copy) is maintained on the Stericycle portal available to VMG.